

Contact Lens Follow up

1. Comfort – how do the lenses feel
2. Vision – distance and near
3. Problems - has the patient had any issues (torn lens, lost lens, difficulting inserting or removing, etc.)
4. Acuity – Sam or I can check in the exam room

Test, Record Shift F8 Dr. Cass, Peter J. 03/31/2017 Pics Letter R Slip Files Spec RX CL RX

Chief Complaint today Medical Hx today DED today Objective today Refraction today Binocular today Prescription today Exam today CL fit today CL F/U today Post-Op today Interp today A & P today Drug RX today ARRA today

CURRENT SPECTACLE RX AND CONTACT LENS RX Import

Spec Rx OD Spec Rx OS **Can pull from previous**

Manufacturer Series BC Dia Sphere Cylinder Axis Add Tint

OD **Can pull from previous** / X + Tint

OS / X + Tint

CONTACT LENS HISTORY

Comfort **Use short phrases** Vision Dist Near

OD 20/ OU 20/ 20/ 20/

OS 20/ 20/ 20/ 20/

Problems

CONTACT LENS FIT

OD Size OS OD Central OS

OD Fit / Move OS OD Mid-Periph OS

OD Centration OS OD Peripheral OS

OD Rotation OS OD Edge OS

OR OD: 20/ 20/ OD Dry areas OS

OR OS: 20/ 20/ OD Front surface OS

OD Back surface OS

BIOMICROSCOPY

OD Limbal Redness OS OD Other OS

OD Bulbar Redness OS

OD Corneal Staining OS

OD Conjunctival Staining OS

OD Tarsal Abnormalities OS